

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029720

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

333

Primary Registration District No.

3074

Registrar's No.

147

JUL 16 1962

1. PLACE OF DEATH

a. COUNTY

SCOTT

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

SIKESTON

Length of stay in lb

2 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

MO. DELTA Community

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

SCOTT.

c. CITY

OR

TOWN

SIKESTON

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS

168 Presnell Drive

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

RODOLPH MONTELM STEINBECK

4. DATE

OF

DEATH

Month

Day

Year

7

8

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

8-23-1917

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10

15

12. CITIZEN OF WHAT COUNTRY

USA

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MECHANICAL ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (City and state or country)

BALLARD Co., KY

13a. FATHER'S NAME

TERRY STEINBECK

13b. MOTHER'S MAIDEN NAME

ELIZIA MELTON

14. NAME OF HUSBAND OR WIFE

EVA OGILVIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

EVA STEINBECK

Address

168 PRESNELL DR
SIKESTON, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

GASTRIC HEMORRHAGE
PEPTIC ULCERINTERVAL BETWEEN
ONSET AND DEATH

4 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

GEN. ART. SCLER. RT HEMIPLEGIA

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

1959
6:10 P.

1962

and last saw him alive on 7.8.62

22a. SIGNATURE

(Degree or title)

Carl G. Popp M.D.

22b. ADDRESS

SIKESTON, MO.

22. DATE SIGNED

7.10.62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

7-10-1962

23c. NAME OF CEMETERY OR CREMATORY

GARDEN OF MEMORIES

23d. LOCATION (City, town, or county)

SIKESTON, MO.

(State)

24. FUNERAL DIRECTOR

NUNNIE FUNERAL CHAPEL, SIKESTON, MO.

25. DATE RECD. BY LOCAL REG.

July 12 1962

26. REGISTRAR'S SIGNATURE

Janette Waldman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUL 17 1962

JUL 19 1962

Permit renewed

July 8 - 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward E. J. J. J. J.

Licensed Embalmer No. 4164

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.